	BE	est avai	نه دو	09/87949/										
[PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000								Application or Docket Number R6W92000174					
ľ	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
F	OTAL CLAIMS	43				RA	TE	FEE	1 1	RATE	FEE			
F	OR	NUMBER FILED		NUMBER EXTRA		BASI	FEE	355.00	OR	Basic Fee	710.00			
Ī	OTAL CHARGEA	42 minus 20=		• 23		XS	9=		OR	X\$18=	414			
D	IDEPENDENT CL	AIMS	(p minus 3 =		. 3		X4	Q=		QR	X80=	240		
MULTIPLE DEPENDENT CLAIM PRESENT							+13	\$=		OR	+270=			
•	If the difference	less than zero, enter "0" in o			olumn 2	10	TAL		OR	TOTAL	1364			
	CLAIMS AS AMENDED - PART II (Column 1) . (Column 2) (Column 3)							SMALL ENTITY OR SMALL ENTITY						
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENOMENT	Total	. 43	Minus	4	3	- /	XS	9=		OR	X\$18=			
NEW YEAR	Independent	. 6	Minus	111	6	• /	X4	0=		OR	X80=			
4Ľ	FIRST PRESE	NTATION OF M	ILTIPLE DEPENDENT CLAIM			+13	5=	1	OR	+270=	(
	Day la		•				OYAL FEE		OR	YOYAL ADDIT, FEE	_			
	9/26/0	(Column 2) (Column 3)							•					
	100 May 1964	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Auchouch	Total	. 43	Minus	4	' 3	= /	X\$	9=	,	OR	X\$18=			
	tndependent	. 6	Minus	•••	6	•/	X4	Q=	\Box	OR	X80=			
E	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=	7	ОЯ	+270=	7		
							ADDIT	OTAL		OR	TOTAL ADDIT, FEE			
	12.28	AUGII	. FEE		•	NO 0 CC								
ا ا	,	CLAIMS REMAINING AFTER AMENDMENT		HIG NUA PREVI	mn 2) REST BER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 43	Minus	••	43	- ·/	X\$	8=		OR	X\$18=			

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number bound in the appropriate box in column 1. OR ADDIT. FEE

FORM PTO-675 (Rev. 8/00)

Independent

OR

QR

XBO=

+270=

X40=

+135=